



PART B - FEE(S) TRANSMITTAL

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45457 7590 06/14/2007

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH/Intel
PO BOX 2938
MINNEAPOLIS, MN 55402

09/17/2007 RHEBRAH1 00000014 10660228

01 FC:1501	1400.00 OP
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Chris Hennig	(Depositor's name)
Ch61-Km	(Signature)
September 13, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,228	09/10/2003	Ganesh Balamurugan	884.G54US1	7727

TITLE OF INVENTION: ADAPTIVE EQUALIZATION USING A CONDITIONAL UPDATE SIGN-SIGN LEAST MEAN SQUARE ALGORITHM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/14/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FILE, ERIN M	2611	375-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schweqman, Lundberg
 2 & Woessner, P.A.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Robert B. Madden

Date SEPTEMBER 11/2007

Typed or printed name ROBERT B. MADDEN

Registration No. 57,521

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